

**ATTACHMENT TO POLICY MEMORANDUM 4(R)
EMPLOYEE GRIEVANCE PROCEDURE
STEP 1
GRIEVANCE INFORMATION FORM**

To Immediate Supervisor:

From Employee Grievant:

Department and Unit:

Date of cause of grievance:

Date submitted (must be within 5 work days of grievance cause):

CAUSE OF GRIEVANCE:

WHAT SHOULD BE DONE TO REMEDY THIS MATTER:

Signature of Employee

Date

IMMEDIATE SUPERVISOR RESPONSE

DATE RECEIVED (5 WORK DAYS TO RESPOND FROM RECEIPT):

DECISION:

Signature of Supervisor

Date

STEP 2

ESCALATION TO NEXT LEVEL MANAGER

I wish to escalate for review my immediate supervisor's decision on my grievance.

Request for escalation must be filed by the Grievant within 5 work days of receipt of the last decision.

REASON FOR ESCALATION OF IMMEDIATE SUPERVISOR'S DECISION:

Signature of Employee

Date

ESCALATION TO NEXT LEVEL MANAGER

DATE RECEIVED (5 WORK DAYS TO RESPOND FROM RECEIPT):

DECISION:

Signature of Next Level Manager

Date

STEP 3

ESCALATE TO APPOINTING AUTHORITY/DIRECTOR

I wish to escalate for review my next level manager's decision on my grievance.

Request for escalation must be filed by the Grievant within 5 work days of receipt of the last decision.

REASON FOR ESCALATION OF NEXT LEVEL MANAGER'S DECISION:

Signature of Employee

Date

ESCALATION TO APPOINTING AUTHORITY/DIRECTOR

DATE RECEIVED 10 WORK DAYS TO RESPOND FROM RECEIPT):

DECISION:

Signature of Director / Appointing Authority

Date

STEPS 4 and 5

ESCALATE TO CHIEF ADMINISTRATIVE OFFICE DESIGNATED OFFICIAL

I wish to escalate for review my director's decision on my grievance.

Request for escalation must be filed by the Grievant within 5 work days of receipt of the last decision.

REASON FOR ESCALATION OF DIRECTOR/APPOINTING AUTHORITY'S DECISION:

Signature of Employee

Date

ESCALATE TO CHIEF ADMINISTRATIVE OFFICE DESIGNATED OFFICIAL

DATE RECEIVED (30 – 45) WORK DAYS TO RESPOND FROM RECEIPT):

DECISION:

Signature of Chief Administrative Office Designee

Date

STEP 6

ESCALATION TO CHIEF ADMINISTRATIVE OFFICER

I wish to escalate for review my director's decision on my grievance.

Request for escalation must be filed by the Grievant within 5 work days of receipt of the last decision.

REASON FOR ESCALATION OF DIRECTOR/APPOINTING AUTHORITY'S DECISION:

Signature of Employee

Date

ESCALATION TO CHIEF ADMINISTRATIVE OFFICER

DATE RECEIVED:

DECISION (FINAL AND BINDING):

Signature of Chief Administrative Officer

Date